SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58



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Bayfield Co. . Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Changes in plans must be approved by the Zoning Department.

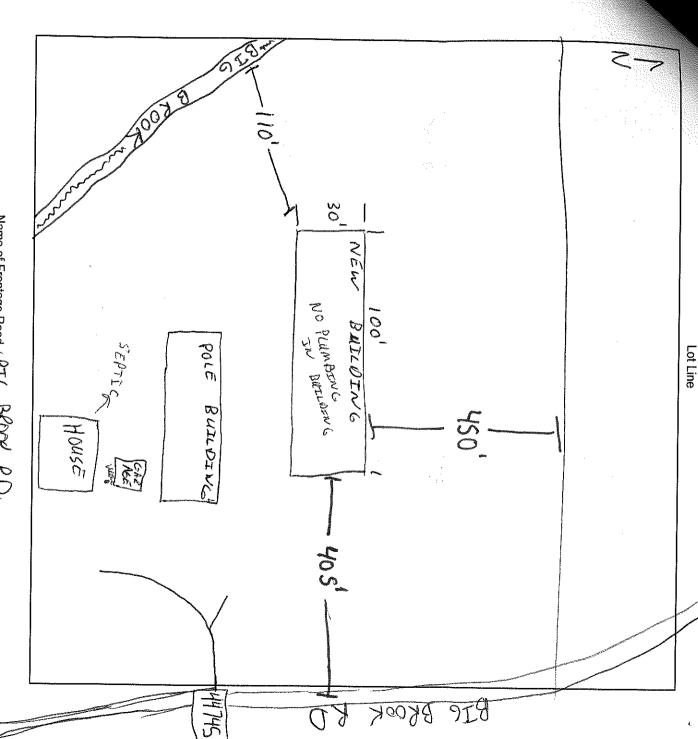
Amount Paid: 4 36 Zoning District Application No.: \mathcal{Q} 3130 11 cm

Volume Is your structure in a Shoreland Zone? Gov't Lot Legal Description 💢 Residential Accessory Building (explain) □ * Residence or Principal Structure (# of bedrooms) Fair Market Value \$ 62,000 Telephone Address of Property Property Owner ☐ Residential Other (explain) ☐ Residential Accessory Building Addition (explain) ☐ Residential Addition / Alteration (explain) Use Tax Statement for Legal Description LAND USE 🔀 華 Residence sq. ft Residence sq. ft Residence w/attached garage (# of bedrooms) Residence w/deck-porch (# of bedrooms) 200 -798-3390 Wiskhert SANITARY 🗌 44746 Page ᅙ 1/4 of NE Addition ROHE (Home) 215-580-021/ E STA Block Garage sq. ft Deck(2) sq. ft of Deeds Comporation PRIVY Square Footage Yes 🗴 pole Brank 1/4 of Section No O Pald Parcel I.D. 30'× i80' 30,000 CONDITIONAL USE Subdivision 0 If yes, 04-012-2-43 _(Work) Ð Township Distance from Shoreline: greater than 75' 🔼 75' to 40' 🔲 Written Authorization Attached: ☐ External Improvements to Accessory Building (explain) ☐ External Improvements to Principal Building (explain) ☐ Special/Conditional Use (explain) ☐ Commercial Other (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) □ Commercial Principal Building Addition (explain) ☐ Commercial Principal Building ☐ Mobile Home (manufactured date) Basement: Authorized Agent Plumber Contractor Type of Septic/Sanitary System. Sanitary: S SPECIAL USE Travou New Yes 80,0 CSM# _North, Range No Existing_ SHIPT. $|\omega\rangle$ B.O.A. Yes 🔀 04-000-1000 2000 West. Town of Acreage Number of Stories Privy No □ _(Phone) (Phone) 580-0211 OTHER 9 less than 40 City

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN <u>PENALTIES</u>
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) arm (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. s application. I (we) urpose of inspection.

Address to send permit Owner or Authorized Agent (Signature) See Notice on Back 477K APPLICANT See Sur ake Owen PLEASE COMPLETE REVERSE SIDE X Caldley e above describen 12845 Copy of Tax Statement or Copy of Recorded Deed) Date

Rec'd for Issuance	Mitigation Plan Required Yes \(\text{No \text{\text{\text{\text{\text{\text{Mitigation Plan Required Yes}}}} \) No \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tilitet{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texit{\text{\text{\text{\texict{\text{\text{\text{\texi}\tint{\text{\text{\texi}\text{\texit{\text{\text{\texic	Reason for Denial: Inspection Record: Uell and Appearentations.	Permit Issued:
Signed McMarl Huttal 9-3-11 Inspector Date of Approval	in hu	Reason for Denial: I wall staken. Meets all straded. Repety lines per trovers Apusentation. By M. Futal Date of Inspection 9-1-11	State Sanitary NumberDate



Name of Frontage Road (BIG 発の発

- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Ņ Show the location, size and dimensions of the structure.
- ယ Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4 Show the location of the well, holding tank, septic tank and drain field
- ĆΊ Show the location of any lake, river, stream or pond if applicable

IS NECESSARY, FOLLOW STEPS 1-8 (a-o) COMPLETELY. DETAILED PLOT PLAN IMPORTANT

- တ Show the location of other existing structures
- Show the location of any wetlands or slopes over 20 percent
- œ Show dimensions in feet on the following:
- Building to all lot lines
- Building to centerline of road
- ĢΩ Building to lake, river, stream or pond
- Holding tank to closest lot line
- Φ Holding tank to building
- Holding tank to well

- Privy to closest lot line
- Holding tank to lake, river, stream or pond

- . ⊃ Well to building

- Privy to building
 Privy to lake, river, stream or pond
 Septic Tank and Drain field to closest lot line
- Septic Tank and Drain field to building
- ∄
- Septic Tank and Drain field to well Septic Tank, and Drain field to lake, river, stream or pond.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits

will not make an inspection until location(s) are staked or marked. Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector